



City of Lowell EMPLOYEES CAMPAIGN

Lowell
connects
with charities

Application Form for Participation in the 2006 COLEC Campaign

Category: ☐ Individual organization ☐ Federated agency (Federation)

Please note that organizations will be listed by their incorporated names only.

In order to be considered a federated agency (federation), an entity must have no fewer than ten eligible, participant organizations as members. Each organization within the federated agency must supply full documentation. Include a list of member organizations with your application.

Pursuant to the provisions of the City Manager's Executive Order of January 17, 2006

(name of organization)

hereby applies for participation in the 2006 City of Lowell Employees Campaign and receipt of funds contributed to it by City employees.

This organization hereby certifies that it meets the following criteria as set forth in the City Manager's Executive Order of January 17, 2006.

Documentation to support the meeting of the criteria must be attached to this application. If a federated agency (federation) is applying, each organization within the federated agency must also supply full documentation.

Please type or print the following information:

Name of Individual organization or federated agency head: _____

Name of Contact: _____ Contact Email: _____

Address: _____

Contact Telephone: (____) _____ Fax Number: (____) _____

Organization Website: _____

PLEASE EMAIL, IN EXCEL FORMAT, Charity Name - please avoid all capitals unless acronym (Column A), Phone number with area code and hyphenated format, i.e. 555-555-5555 (Column B), and 25 word description, (Column E), contact name (Column F), contact email (Column G), and organization website (Column H) to info@csnewengland.org If a federation, compile complete list for all member agencies. In the case of no access to email, please submit disc as well as Attachment A.

Please check if applicable:

☐ 1. I certify that this organization has demonstrated ability and willingness to present in writing, individually, or by joint submission through a federated agency, sufficient organizational, financial and programmatic information with which to evaluate the criteria listed in sections (2) through (10) below.

☐ 2. I certify that this organization is incorporated or has authorization to do business in the Commonwealth of Massachusetts as a private non-profit organization with reporting annually to

the Office of the Attorney General, unless the organization is exempt from such filing requirements. All applicants should have been in operation for at least one year prior to it participation in this campaign.

Each participating individual organization or member charity of a federation must report annually to the Office of the Massachusetts Attorney General. Attach a photocopy of the organization's most recent Certificate for Solicitation or Certificate of Registration or proof of incorporation in the State of Massachusetts and label this "**Exhibit One.**"

☐ 3. I certify that this organization has status as a 501(C) (3) tax-exempt entity pursuant to the Internal Revenue Code and applicable laws of the Commonwealth. Attach a copy of the IRS 501(C) (3) *Letter of Determination* and label this "**Exhibit Two.**"

☐ 4. I certify that this organization has adopted standard accounting and financial reporting systems commonly used by voluntary, nonprofit health and welfare organizations, and preparation of an annual financial report. Agencies with gross receipts in excess of \$100,000 shall also be required to provide an annual external audit duly certified by a public accountant. Attach a copy of an annual financial report, or if the organization's budget is over \$100,000 an external audit duly certified by a public accountant and label the attachments "**Exhibit Three.**" **Also as Exhibit Three, include the first page only of the most recent IRS form 990 or, if the 990 EZ is filed, the first two pages of a regular 990 prepared for this purpose should be included.**

☐ 5. I certify that this organization has a demonstrated ability to limit administrative and fund-raising expenses.

☐ 6. I certify that the organization has direction by a volunteer board of directors, which meets regularly, the majority of whose members serve without compensation. Provide a list of current names and addresses of board members. Label this list "**Exhibit Four.**"

☐ 7A. I certify that the organization has a stated policy of non-discrimination in regard to all persons, irrespective of their race, color, creed, religion, national origin, sex, sexual preference, age or handicap, in the provision of services and is in compliance with all requirements of law and regulations with respecting non-discrimination and equal employment opportunities with respect to its officers, staff, employees and volunteers.

Or

☐ 7B. I certify that the organization is a religious organization exempt under the general laws of Massachusetts, Chapter 69, Section 20 (1) from filing the Form PC, Registration to Solicit Funds in the Commonwealth of Massachusetts.

☐ 8. I certify that the organization provides programs or services directed towards service, research, education, advocacy or advancement of one or more of the following common human needs within a community:

Check those which apply:

- ☐ health and human services;
- ☐ civil and human rights;
- ☐ social adjustment, counseling, rehabilitation and job training;
- ☐ neighborhood and community organizing,
- ☐ housing, shelter and emergency relief;
- ☐ food and nutrition;
- ☐ recreation (includes cultural);
- ☐ programs or services for school-age children with special needs;
- ☐ day, foster, protective, adoption and shelter care for children, adults and families;

☐ a combination of programs or services specifically designed to meet the needs of children and youth, the ill and infirm, the mentally or physically handicapped, the elderly, the poor, minorities or women.

In a separate document, provide evidence of programs and services. Mark this document **"Exhibit Five"**

☐ 9. I certify that the organization has a physical office and working address in the City of Lowell to ensure that programs and services of the organization may provide specific assistance to the employees or the families of the employees within the City of Lowell

☐ 10. I certify that the organization operation is in compliance with all applicable federal, state and local laws.

Applications will be reviewed by a Campaign Team made up of City of Lowell Employees. Charities will be notified in writing whether or not they are accepted into the City of Lowell Employee's Campaign for 2006. Charities not accepted may appeal to the Executive Director of the Lowell Charitable Campaign, specific information will be included in the letter of notification.

A federated agency is requested to submit a list of member organizations, as they are to appear in the brochure, with this application. Label this **"ATTACHMENT A."**

Signature of individual organization/federated agency head:

Signature: _____

Date: _____

This application and the five labeled exhibits shall be submitted by each individual organization and by each federated agency and *each of its eligible member agencies*.

**Completed applications must be received by the
Local Campaign Manager(s) no later than
July 7, 2006.**

MAIL TO:

Local Campaign Manager
City of Lowell Employees Campaign
Community Shares of New England
P.O. Box 8728
Lowell, MA 01853